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ABSTRACT

Utilizing the professional expertise of school nurses, the Des Moines (Iowa) Public School system is committed to providing professional health services and health education for students, employees, and the community in order to promote success in the learning process. The health services program is an integral part of the total school program in the Des Moines public schools. The program provides for direct health services, including appraisals and preventive and remedial aspects for students and staff. Health education and health promotion are provided through planned, correlated, incidental instruction, and integrated learning. Safety is provided for through review of the physical environment, which contributes to student success in the teaching and learning process. The health services program ensures direct service and ongoing collaboration with community agencies for students, staff, and parents to decrease barriers to learning. This paper provides an input evaluation, a process evaluation, and a product evaluation of the 1993-94 health services program. A Comprehensive School Health model recommended for districts by a health advisory committee is under review. (LL)

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HEALTH SERVICES

Student Services Department

PROGRAM EVALUATION

April, 1994

Des Moines Independent Community School District
1800 Grand Avenue
Des Moines, Iowa 50309-3382

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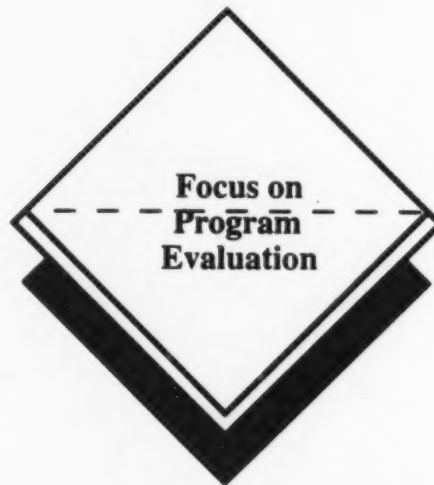
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**You can't educate a child who isn't healthy, and you
can't keep a child healthy who isn't educated.**

-M. Joycelyn Elders, U.S. Surgeon General

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HEALTH SERVICES

STUDENTS 0-21 YEARS

EMPLOYEES

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DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT
1800 Grand Avenue
Des Moines, Iowa 50309-3399

April, 1994

:

EVALUATION ABSTRACT

HEALTH SERVICES

MISSION STATEMENT

Des Moines Public Schools Health Services will provide professional health services and health education for students, employees and the community to promote success in the learning process.

CONTEXT

Professional expertise of school nurses is utilized throughout the district for health services and health education, which includes students with complex health care needs (health conditions and disabilities never imagined a decade ago), substance abuse programs, athletic programs, emergency plans and procedures, pregnant and parenting students, cardiopulmonary resuscitation instruction, communicable disease, health appraisals (including immunizations), child abuse programs, special education planning, physical education programs, health education counseling, curriculum planning and instruction. The Health Services Department and school nurses provide assistance to the district by monitoring the Employee Health Program, which includes employee physical examinations, the Workers' Compensation Program, the Wellness Program, personal health education, and counseling for individual staff and guidance for administrators.

INPUT

The 1993-94 Health Services program budget of \$1,143,169, is derived from the general district fund. Additional grant monies and special education funds provide \$279,483. Expenditures include salaries, in-district travel, out-of-district travel, health service supplies for all buildings in the district, repairs, replacement and purchasing of new equipment, and printing of district health forms and health education information. The program is staffed by a part-time medical director, one supervisor, one secretary, one health associate, and 41 full time equivalent (FTE) registered nurses. Nurses (7.9 FTE) are provided by Special Education funds, the Head Start Program, and grant monies.

PROCESS

The program is designed to identify barriers to student learning by assessment, planning, implementation and evaluation; assist with health instruction; and promote a healthy school environment for wellness, safety, and emotional/social climate for students and staff.

PRODUCT

In the 1993-94 school year there are 4,727 students with acute/chronic health conditions. Seventy-one daily direct nursing procedures for gastronomy feedings, catheterizations, inhalation therapy, oxygen administration and ventilator care are required. Twenty-eight students are undergoing treatment for cancer. The majority of students are in regular educational settings due to individualized health care plans and the provision of professional nurse services.

Successful interventions in health services by special attention to student attendance and alleged illness have resulted in students meeting appropriate educational goals, which is

reflected in the school withdrawal data. A total of 9,247 parent contacts related to immunizations compliance were made during the 1992-93 school year. Parent contacts consist of home visits, letters and phone calls.

Health histories for special education placement and three year review are required by federal law. A health history is obtained by interviewing a parent/guardian with information obtained from attending physicians, if needed. School nurses provide 3,146 initial and updated health histories for special education students during the 1992-93 school year.

School nurses provided 191,818 individual student contacts for health care and 77,247 for physical, mental and dental health counseling during the 1992-93 school year, from which 91,499 parent contacts were made.

In an effort to control health care costs related to Workers' Compensation Laws, a Managed Care System for work-related injuries and illnesses was implemented on January 1, 1994, under the direction of the Supervisor of Health Services. A designated medical provider will insure quality healthcare, improved accesibility, and reduced costs.

In fall, 1993, Cowles Children's Center, Des Moines Preschool programs, and Metro Kids Care provided funds for a 0.5 FTE school nurse position to provide health care to children serviced in these programs and to ensure adherence to the health policies and procedures of the districts state and federal regulations.

The Des Moines Public Schools Nurses established a committee to develop a process to assess the effectiveness of their Student Services Support Program. There were three surveys developed; one for students, one for staff, and one for parents/guardians. There was a total of 620 staff, 1050 parents/guardians, and 1050 student surveys randomly distributed throughout the buildings by the school nurses. Common threads from all three groups of survey respondent were that a nurse is needed in the building full time and that students and parents/guardians feel more secure when the nurse is in the building. The complete results of this survey can be obtained by contacting the Supervisor of Health Services.

FUTURE PLANS

Social and health care trends have already dictated dramatic changes in the school nurses role to a primary health care provider in the community. With the expansion of technology, the school nurses will have greater technological expertise and therefore computerized health records will be established. This cannot be accomplished until every school nurse's office in the district has its own hardware and software.

School nurse's role as an advisor and manager for school staff will be imperative, as the need for knowledge about chronic health conditions (for example, AIDS) continues to grow. A review of the rise of health care costs has portrayed the school nurse's office as an ideal resource for immunization and tuberculosis treatment for families in the neighborhood. School nurses will be in-serviced to learn about the availability for district reimbursement for services to medicaid eligible children. The effort should result in the funds available for a FTE school nurse in every school in our district.

A copy of the complete report is available upon request from the Department of Information Management, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3382, Telephone: 515-242-7839.

DISTRICT MISSION STATEMENT

"THE DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT WILL PROVIDE A QUALITY EDUCATIONAL PROGRAM TO A DIVERSE COMMUNITY OF STUDENTS WHERE ALL ARE EXPECTED TO LEARN."

HEALTH SERVICES MISSION STATEMENT

"DES MOINES PUBLIC SCHOOLS HEALTH SERVICES WILL PROVIDE PROFESSIONAL HEALTH SERVICES AND HEALTH EDUCATION FOR STUDENTS, EMPLOYEES AND THE COMMUNITY TO PROMOTE SUCCESS IN THE PROCESS OF LEARNING."

CONTEXT EVALUATION

HISTORY

The Des Moines Public School (DMPS) system is committed to providing health services for students by registered nurses under the direction of a medical director and supervisor. Six school nurses were employed in 1912 "for the management, education and control of communicable disease in school." By 1920, the school nurse staff was increased to 20 nurses and rose to 48 in the 1970's. An emphasis on recognizing the need for nurses to work with staff to identify the barriers to learning for students and the importance of maintaining the optimum level of physical and emotional well being, despite chronic health conditions and disabilities, has been a philosophy embraced and upheld. Evidence of this is shown by construction in 1931 of Smouse Opportunity School to serve the physically handicapped student in grades K-8. Currently, students with severe and profound to mild disabilities are integrated in regular classrooms throughout the district. In addition to Smouse, other special schools are Ruby Van Meter, Orchard Place, the Adolescent Child Guidance Center, FOCUS, PACE and Hospital schools and nurses are critical staff for these special students.

In 1928, what is now the Iowa Department of Education enacted rules for the provision of health services and health instruction (to include education about stimulants, narcotics and poisonous substances) in public schools, and by 1958 the state standards included vision and hearing screenings and nutritional concerns. On July 1, 1989, Iowa Statute 279.50 required school districts to prepare to offer Human Growth and Development for all students PK-12 by May, 1992. The Supervisor of Health Services and Supervisor of Home Economics co-chaired a district committee that reviewed health education currently offered for the DMPS students. Recommendations by a health advisory committee were made and implemented. A copy of the plan for Human Growth and Development can be obtained from the Health Services Department. A Comprehensive School Health model recommended for districts by the Iowa Department of Education is being reviewed for district planning by the Supervisors of Science, Physical Education, Home Economics, Health Services, Special Education, Wellness, and the director of Food and Nutrition Management. A copy of the plan for Comprehensive School Health model can be obtained from the Health Services Department. In the United States, policies that shape school health programs are established by each state. State legislative, executive and judicial branches enact and enforce policies that determine direction and standards for local school programs. Local school districts retain considerable autonomy to interpret state policies.

POLICIES, STANDARDS AND REGULATIONS

IOWA DEPARTMENT OF EDUCATION STANDARDS

HEALTH SERVICES POLICIES, STANDARDS AND REGULATIONS

12.3(9) HEALTH SERVICES. The board shall adopt a policy for the implementation of a school health services program. The program shall be designed to help each student protect, improve, and maintain physical, emotional, and social well-being.

Areas to be considered in the development of a policy could include, but not necessarily be limited to: environmental health and safety; emergency health procedures and responsibilities; health promotion; communicable disease prevention and control; staffing for the school health program; administering of prescription medication; acute or chronic health problems; health assessment and screening; and record keeping and program evaluation.

280.23 STUDENT HEALTH SERVICES. The board of directors of each public school district and the authorities in charge of each non-public school shall not require non-administrative personnel to perform any special health services or intrusive non-emergency medical services for students unless the non-administrative personnel are licensed or otherwise qualified and have consented to perform the services.

IOWA ADMINISTRATIVE CODE

Iowa Administrative Code - Iowa Department of Public Health 641-7.5(139) requires the Superintendent of Schools or the superintendent's designated representative (Des Moines Public School System - school nurse) to validate proof of immunization for students wishing to enroll in schools. The judgment of the adequacy of the applicant's immunization history is based upon Iowa immunization requirements and approved by the school nurse.

IOWA ADMINISTRATIVE CODE

IOWA DEPARTMENT OF PUBLIC HEALTH (641) CHAPTER 7

641.7.5(139) PROOF OF IMMUNIZATION.

7.5(1) Applicants, or their parents or guardians, shall submit a valid Iowa department of public health certificate of immunization to the admitting official of the school or licensed child-care center in which the applicant wishes to enroll. To be valid, the certificate shall be signed by a doctor, or a physician's assistant, or a registered nurse in an attending doctor's office, or a nurse practitioner, or a county public health nurse, or a school nurse, or an official of a local health department. The judgment of the adequacy of the applicant's immunization history should be based on records kept by the person signing the certificate of immunization or personal knowledge of the applicant's immunization history, or comparable immunization records from another person or agency, or an international certificate of vaccination, or the applicant's personal health records.

IOWA ADMINISTRATIVE CODE

HUMAN GROWTH AND DEVELOPMENT 279.50

Legislation required school districts to provide instruction in Human Growth Development was passed in 1989. Human Growth and Development instruction includes the following topic: self-esteem, responsible decision-making, personal responsibility and goal setting, interpersonal relationships, discouragement of premarital adolescent sexual activity, family life, parenting skills, human sexuality, reproduction, contraception, family planning, prenatal development, awareness of mental retardation prevention, childbirth, adoption, available prenatal and postnatal support, male and female responsibility, sex stereotypes, sexually transmitted diseases including AIDS causes and prevention, behaviors to prevent sexual abuse or sexual harassment, suicide prevention, stress management, and substance abuse treatment and prevention. Parental notification must be provided.

IOWA BOARD OF NURSING

The Iowa Board of Nursing (governing body for professional nurse licensure) Nurse Practice Act and the Standards of School Nursing Practice set forth the standards of identification for the school nurse which include:

1. Apply appropriate theory as the basis for decision-making in nursing practice;
2. Establish and maintain a comprehensive school health program;
3. Develop individualized health plans;
4. Collaborate with other professionals in assessing, planning, implementing, and evaluating programs and other school activities;
5. Assist students, families, and groups to achieve optimal levels of wellness through health education;
6. Participate in peer review and other means of evaluation to assure quality of nursing care provided for students and assumed responsibility for continuing education and professional development for self while contributing to the professional growth of others;
7. Participate with other key members of the community responsible for assessing, planning, implementing and evaluating school health services and community services that include the broad continuum of promotion of primary, secondary and tertiary prevention; and
8. Contribute to nursing and school health through innovations in theory and practice and participation in research.

Qualifications for school nurse practice include a valid state registered nurse license and a minimum of three years experience in hospital nursing with additional experience in community health. A baccalaureate degree from an accredited institution of higher learning is desired.

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT STANDARDS

SERIES 500 CODE 525 TITLE: HEALTH AND SAFETY

Necessary rules and regulations shall be implemented to protect the health, safety and welfare of the student body and to assure appropriate aid to students who become ill or injured at school.

SERIES 400 CODE 405 TITLE: PHYSICAL EXAMINATION

All employees will have a physical examination by their personal physician before being employed, and during each three-year period thereafter or at any time at the request of the Superintendent or designee.

Bus drivers will be examined yearly, or at any time by request of the Superintendent or his/her designee.

GUIDELINES FOR THE PREVENTION OF TUBERCULOSIS

All students applying for enrollment in the Des Moines Public Schools who have lived in a country other than the U.S.A. within the past calendar year must provide proof of TB status prior to attending school. The Tine test is not acceptable. The Mantoux is requested.

STUDENT HEALTH PROGRAMS

Health Services is an integral part of district programs provided for students and employees. A medical director and a supervisor provide leadership, guidance and supervision to district programs and school nurses for implementation of mandated and recommended rules and regulations for students, staff, and parents. Cooperative planning for school health services has been an ongoing effort by collaborating with community agencies and service organizations such as the PTA.

Athletic Programs

All athletes must have an athletic medical form from the Iowa High School Athletic Association completed by a physician or designee and placed on file in the school nurse's office before the practice season for each sport begins. Student athletic examinations are facilitated by the school nurse in cooperation with the coach. Volunteer physicians provide free medical examinations for students who are unable to obtain them from the community for varied reasons. The nurse and the coach consult on abnormal health conditions and monitor accidents and injuries for appropriate treatment, participation, and documentation.

Cardiopulmonary Resuscitation (CPR) Instruction

The goal of the CPR program is to increase the safety of students and staff in the learning center, in extra-curricular activities, and in the community, by instructing staff and 12th grade students in CPR. When CPR is administered by trained personnel immediately, there is a 40% greater chance of survival. (American Heart Association)

The objective of a CPR course is to ensure that each participant accurately learns the performance skills of CPR as well as information concerning risk factors, prudent heart living, signals and actions for survival, and entry into the Emergency Medical System.

CPR is mandated by Iowa Code for nurses with annual recertification and CPR for Des Moines Public Schools high school seniors during physical education class prior to high school graduation.

School nurses and trained district staff provide CPR before trained rescuers can arrive to treat and transport individuals to an emergency room.

The American Heart Association (AHA) and American Red Cross (ARC) CPR standards are as follows:

Regulations dictate:

- CPR--recertification every year.
- First Aid--recertification every three years.
- Instructor's ratio--one instructor to six students.

Class sessions consist of the following:

- CPR/instructor's course--4-6 hours -- no charge
- CPR/first aid staff development--15 hours/one credit--\$15
- CPR/certification--adult--4 hours--no charge
- Adult, child and infant--6 hours--no charge
- CPR recertification classes--2 hours-3 hours -- no charge.

A third grade student who was choking from a hotdog lodged in his throat was administered the Heimlich maneuver by a nurse and saved from a life threatening incident.

Mandatory Reporter Training for Child Abuse Identification and Reporting

Prior to provisions of the Iowa Code enacted in July 1985, school nurses provided for all reporting of suspected cases of child abuse. In July 1985, Iowa statute declared that all certificated school employees were mandatory reporters of suspected child abuse. The law declared that two hours of training for identification and reporting of child abuse be provided at employment, with recertification every five years. The Health Services Department developed a training program for all certificated district employees and maintained documentation. A two-hour training program is provided for all new certificated employees and child care workers at the beginning of each school year and school nurses provide for mandatory reporter training for new employees hired after September 1. Annual update about child abuse information is provided for all certified district employees and child care workers by school nurses.

Chronic Health Conditions and Disabilities

Medical technology has made strides which could not have been imagined a decade ago. Currently, the Des Moines Public School system serves 4,727 students with varied health conditions and disabilities (Appendix A). With the passage of PL 94-142, the Education for All Handicapped Children Act of 1975, children with disabilities have had access to free and appropriate education, including special health related services. Many of these students have complex medical needs which become the responsibility of the school nurse to manage. The least restrictive environment initiative (Neighborhood Schools Project) has been implemented throughout the Des Moines Public Schools by placing students with complex health care needs in regular schools. The school nurse counsels staff regarding the health needs of individual students to provide for the most appropriate educational opportunity. Individualized Health Care plans are implemented to include modification and planning with considerations ranging from immediate emergency care for respiratory arrest to nutrition monitoring for allergies and disabilities. School nurses develop individualized health plans with specific goals and interventions delineating actions unique to each student's needs. These plans are written and communicated to appropriate school personnel.

Communicable Disease Control

The Des Moines Public Schools Health Services Department coordinates with the county and state health departments for all communicable disease control. School nurses are responsible for the exclusion and readmission of students and staff. The monitoring, referral and exclusion for students with communicable diseases is of utmost importance due to the fragile health conditions of some of the students in our schools, (i.e., a student with leukemia would be in grave danger if contracting chicken pox). The school nurse submits a weekly communicable disease report to the Health Services Department which is reported to the State Health Department. In December, 1991, the incidence of tuberculosis (TB) amidst school age youth and adults was recognized in our district. Some of the contributing factors to the increase included persons entering the U.S.A. from other countries where lack of medical care was prevalent. A collaborative effort with the Iowa Department of Health and the district resulted in the establishment of guidelines for the prevention of tuberculosis effective May, 1992. The DMPS guidelines were presented at the National Association of School Nurses Conference in June 1993, by the U.S. Center for Disease Control to be implemented by school districts nationwide. A total of 26,836 Des Moines students contracting communicable diseases were reported by school nurses to the Health Services Department and the Iowa Department of Health during the 1992-93 school year.

A district plan for Occupational Exposure to Bloodborne Pathogens including staff training for universal precautions was implemented in July, 1992, and reviewed annually.

The Health Services Department assists the administration in developing guidelines or policies for current health concerns such as the 1986 HIV/AIDS guidelines and education for staff and students.

Emergency Plans and Safety

Employees, students and parents/guardians are offered health education and counseling for personal, school, or work-related injuries.

School nurses instruct employees and students about universal precaution methods that includes handwashing and appropriate handling and disposal of body fluids.

Environmental safety areas of consideration by the school nurse are the overall cleanliness of the building, ventilation and temperature, lighting, seating of students for health and educational efficiency, drinking water facilities, toilet and hand washing facilities, playgrounds and equipment, and development of appropriate evacuation procedures for disabled students during building emergencies. Employees are in-serviced and procedures are posted.

Students: The school nurse, in cooperation with the building principal, maintains on file an emergency information form for each student. A medical emergency plan for each building is developed, annually revised, and all staff members are made aware of the plan. Student accident reports are completed by school nurses when a student requires a doctor's care or time loss from school resulting from an injury during school or during a school sponsored activity. The original accident report is sent to the Health Services Department and a copy is kept in the school nurse's office. These reports have been valuable documentation when litigation occurs. A total of 2,902 student accident reports were completed during the 1992-93 school year.

Employees: Work related injuries/illnesses are reported by employees and school nurses to the Health Services Department in accordance with Workers' Compensation laws. The Health Services Department is responsible for record keeping and annual Occupational Safety Health Administration (OSHA) reporting for all work-related employee accidents and illnesses. There were 636 employee injury reports during 1993.

Health Appraisals

Updating students' health status necessitates periodic screenings and assessments planned for by the school nurse. Hearing screenings are provided by AEA audiologists for students K-6 and as needed for other students. The school nurse monitors the results and provides for referral and follow-up. There were 20,980 hearing screenings that required 1,068 referrals and follow-ups during the 1992-93 school year. Vision screenings are provided for students K-6 and 9th grade by school nurses. There were 20,179 vision screenings that required 1,246 referrals and follow-ups during the 1992-93 school year. Height and weight screenings are provided by school nurses for students in grades K-8. There were 23,271 students screened with 295 referrals in the 1992-93 school year. Physical examinations are recommended by the district during grades K, 3, 6, and 9 and for all students new to the district. Physical examinations are mandatory for athletic practice and participation. Parents and students are encouraged to access their usual source of health care. The school nurse motivates and assists the student and family to access available free or reduced medical care in the community. The University of Osteopathic Medicine and Sciences provides for a physician and resident one afternoon a week during the school year for on-site student physical examinations with parental consent. The scheduling, consent, and follow-up referral, if necessary, is completed by the school nurse. Approximately 192 students received free physical examinations.

Immunizations

In 1977, the State of Iowa implemented a law requiring immunization of persons attending licensed child care centers, elementary or secondary schools. The school nurse's role consists of reviewing the immunization history of each student, follows the Code of Iowa 641-7.1(139) when granting permanent or provisional certification, medical or religious exemption waiver, and when excluding students who do not submit proper evidence of immunization. The Iowa Department of Health audits immunization records of all students in October of each school year. Every attempt is made by the school nurse to assist parents for compliance with this law. The cultural diversity of the district population has been served by translating in five languages parent directions for compliance with immunization laws.

Immunization information for all students PK-21 has been placed in a data-base accessible district wide by school nurses. This process allows for readily available information for immediate school attendance for the mobile student population, and because it is placed on the student transcript, this is valuable information for our graduating student entering post-high school educational setting.

In keeping with National Preschool Immunization Week, the Des Moines Public Schools nurses in collaboration with Head Start and Polk County Health Department provided for free immunizations for all children and siblings in the Des Moines Public Schools. Two hundred and twelve children were provided immunizations in 1993 at this effort.

Dental

Proof of dental examination is requested from all kindergarten students on a standardized form. Dental hygienists which provided screening and dental health education were employed by the Des Moines Public Schools until 1986, at which time budgetary constraints dictated the demise of this program. Since 1988, the Des Moines Health Center receives a grant from the federal government (U. S. Dental Health Services) which provides for their dental hygienists to perform dental screenings and dental health education for students K-8 in our district. School nurses provide for referral and follow-up as indicated. There were 10,400 students screened, with 3,494 referred for care during the 1992-93 school year.

Student Health Records

A current permanent Student Health Record for each student PK-21 is maintained and kept on file in the school nurse's office. This record includes growth and development history, physical assessments, immunization status, screening results and perceptions of health status.

A Health History form is completed by a parent/guardian upon kindergarten entry and any student new to the district. This form is reviewed by the school nurse and information is recorded on the student health record.

Health Care and Counseling - Intervention

Students appear to view the nurse's office as a "safe-place" for disclosure. They appear to feel comfortable to request permission from their teacher to see the nurse because of "illness," and when they are in the confines of the nurse's office disclose child abuse, rape, family dysfunction, suicidal ideas, substance abuse, sexually transmitted disease, pregnancy, and the need for family planning information. Students are provided with referral to appropriate community agencies and related services within the district. Parental involvement and enhancing communication between the parent and student is an ongoing effort. Some parents view the nurse's office as a screening area prior to obtaining health care for their children because they have limited dollars available for health care.

School nurses provide permission for students with parent consent to be absent from an individual class or the remainder of the school day due to doctor's or dentist's appointments and illness.

Physical education excuses are evaluated and permission for exclusion is the school nurses responsibility.

Crisis Response

The Health Services Department and Guidance Department, in cooperation with the Board and Community Relations Department, developed a *Crisis Response Manual* in 1988 for all district employees. An update of the revised Crisis Response Manual was provided for district administrators of the Professional Education Conference on March 1, 1993. The district *Crisis Response Manual* is a guide for building administrators to refer to when a crisis such as the untimely death of a staff member or student occurs. The guide includes a "checklist" for duties such as appropriate notification of the Board of Education members. It also includes suggestions for letters to students, parents, and appropriate media participation. Reports have shown with the manual in place in each building and staff in-service completed, crisis problems have presented a minimal amount of difficulty for building administrators, students, and staff.

An information pamphlet about suicide prevention and intervention was developed by the Health Services Department and community agencies for distribution to all district students, staff, and parents. The \$2,000.00 cost of printing and distributing the pamphlet was paid for by a grant from Iowa Methodist Medical Center.

Health Education - Instruction

The school nurse is involved in health education at all levels--formal to informal, broad scoped to detailed, technical to common language, classroom to individual, for all staff and students.

A ninth grade health, "Wellness", unit scheduled to alternate with physical education was developed with the assistance of the Supervisor of Health Services and implemented in fall 1991.

The Des Moines school district has always addressed the issue of health. The school nurse has consistently been involved, either informally, in one-on-one teaching that is ongoing in the nurse's office with almost every student that is seen, or formally in assisting the teacher in the classroom. In 1971, Berkeley Health was introduced K-7 and the school nurse was educated as an active member of the team. Currently, this curriculum is called "Growing Healthy." The school nurse assists in the classroom through explanations of the anatomy and physiology of various systems at the student's level of understanding. Specifically, the school nurse handles the dissections of the eye, lung, and heart in science as requested by the teaching staff.

The school nurse is responsible for human growth and development education for fourth and fifth grade students in the elementary school.

HIV/AIDS education is the responsibility of the school nurse for students in grade 5 and all the school staff. The education includes transmission, prevention, and responsible decision making. The supervisor of Health Services provides for the district coordination of HIV/AIDS Education.

School nurses have served on state, city and district task forces to provide their expertise and perspective in developing health education curriculum, and overall planning for comprehensive health services.

The school nurse is the only Professional resource with medical education in the building. Health education that is provided by the school nurse is planned to assist students in developing a wellness attitude, and therefore perform at higher levels in the classroom.

Medications - Administration

Increasingly, school personnel are asked to administer medication in the school setting. Iowa Code requires that all non-licensed school personnel receive training by a registered nurse for administering medication in schools. Estimates nationally have shown two percent of students in regular classes and eight percent of students in special education receive daily medications. The school nurse is responsible for implementation of district guidelines for medication administration. School secretaries or building associates are requested by building administrators to participate in medication administration in-service provided by school nurses. This in-service allows for para-professionals to administer medication to students during the absence of the school nurse. There were 28,233 occasional in addition to 740 daily medications administered during the 1992-93 school year.

Physical Education Programs

School nurses provide for exclusion, readmission and monitoring of all medically related physical education participation. Adaptive physical education programs for disabled students are implemented with nursing assessment and planning involvement. CPR classes are provided for all graduating seniors as a part of the physical education through the Health Services Department. The Supervisor of Health Services with the school nurse staff plans for CPR recertification for all instructors, printed materials, and ensures student and staff participation.

Pregnant-Parenting Students

The school nurse monitors pregnant and parenting students and assists with childcare programs for children of students at the two alternative high schools.

Before 1975, child care services were provided for parenting students through the Salvation Army. A licensed day care facility located at North Alternative High School was then established under Licensing Standards and Procedures of Iowa, Department of Human Services. A second licensed child care program was developed at South Alternative High School in 1988. Both child care centers provide services to other programs housed at those sites and both are at capacity with growing waiting lists. Only infant and toddler care is currently provided at the alternative high schools.

The nurse provides observation, information, referral, consultation and support to nursery directors, staff, and the children enrolled at the two alternative high schools. She consults, collaborates and teaches one-to-one and in groups with staff and parenting students. The nurse's motivation skills and medical background assists decision making for reproductive health and parenting sick children thus enabling students to attend school with some regularity, alleviating unnecessary absence, and contributes to the teaching and learning process.

The school nurse supports parenting students. As a member of the building support services team, the nurse offers the student information, counseling and practical advice regarding personal health and emotional maintenance as well as child care information. Additionally, the nurse serves as a resource for and teaches various class sessions for the young moms weekly support group. Topics taught are relevant to child care, e.g., child safety, first aid, common childhood illnesses, what to tell the doctor, giving medicine, immunizations, and more. The nurse, as a medical professional, supplies a needed perspective of health/illness enabling young parents to make knowledgeable health and safety decisions for themselves and their children, resulting in less interruption of the educational process for parenting students.

The Des Moines schools pregnancy policy offers all pregnant students the choice of continuing to attend their home school or transfer to an alternative high school. If there is a medical problem, a teacher of the Homebound Instruction is arranged. One student received Homebound Instruction during the 1992-1993 school year.

Nurses respond to the pregnant student by offering emotional support, referral, information, and one-to-one consultation, based on need. As the pregnant student's problems became more complex, the challenge with existing time and resources to serve this population adequately was addressed.

A collaborative effort was initiated with the United Way of Central Iowa to establish a FTE nurse position through the Visiting Nurses Association for the sole purpose of serving this population. The Visiting nurse has the sole responsibility to monitor the health of the pregnant student and teaches her how to access and maintain appropriate health care. Students that are pregnant are made aware of this program through the school nurse.

School nurse service to pregnant and parenting students was improved during the 1990-91 school year by increasing nursing time at the two alternative high schools, from one day weekly to two days per week at each school.

TEEN PREGNANCY/BIRTHS

September, 1992 - June, 1993

(Documented by school nurses with assistance of other building personnel)

Number of Pregnancies: 237*

<u>Age in years</u>	<u>Number of Students</u>
12	0
13	10
14	16
15	39
16	47
17	75
18	35
19	13
20	1
21	<u>1</u>
	237

<u>Race</u>	
Caucasian	157
African-American	65
Hispanic	8
Asian/Pacific Islander	7
American/Indian	<u>0</u>
	237

<u>School Status</u>	
Continued in present school	163
Dropped School	51
Choose alternative school program	13
Homebound Instruction	1
Moved out of District	<u>9</u>
	237

Female Population Grades 6-12	8,426
Approximate Percent of Female Population	3%

<u>Year</u>	<u>Pregnancies</u>	<u>Percent of Female Population in District</u>
1986-87	236	3%
1987-88	184	2%
1988-89	197	2%
1989-90	186	3%
1990-91	214	3%
1991-92	207	3%
1992-93	237	3%

*This information includes students attending Des Moines Schools from other school districts and 14 of whom maintained residence at the House of Mercy. Prior annual reports did not include students from other schools. Data collected for teen pregnancy are reported as birth to teens. The State of Iowa does not require statistical reporting of elective or spontaneous abortions. Therefore, self-reporting of possible pregnancy or abortions is not included in this information.

School Attendance

The Health Services Department assists administrators with student school attendance by approving bus transportation for students with disabling conditions who are unable to walk to and from school. The medical director and supervisor, in collaboration with school nurses, administrators and teachers, provide assistance for an alternative school program when students are unable to attend regular school due to a disabling condition. The school nurse is an integral part in the district commitment to reducing the withdrawal rate. The withdrawal rate has shown a steady decline with current rate for grades 9-12 at 4.0%.

In some elementary schools school nurses monitor attendance and are responsible for sending the district letters for chronic absenteeism to parents/guardians. Every effort is made by school nurses and social workers to increase the attendance of students by home visits and telephone contacts, which on occasion provide information to resolve the problem.

The school nurse is informed of abnormal attendance patterns of students. Parent contact is made and alternate methods of school attendance or homebound instruction are planned. The school nurse refers the student to the building Staffing Team for consultation when frequent or extended absences occur without just cause.

A pilot project for school attendance was established at Weeks Middle School, Central Campus and East High for the 1993-94 school year. The following is a report of the high school nurse's role at East:

1. Evaluate absences in relationship to medical problems; provide exclusion dates where appropriate.
2. Communication Channels:
 - a. Regularly with attendance office.
 - b. Students re: importance of good attendance and making good/appropriate choices about when to be absent, e.g., when to write a pass for students to go home.
 - c. Parents as needed when their student has an absence due to a medical problem.
 - d. Medical/dental community to educate them about the policy and gather input when appropriate.
3. Serve on an attendance hearing board when medical problems are an issue. During the first semester about 35 hearings were attended or about 1/3 of the total hearings. The members of the board are: (1) head of the Attendance office, (2) counselor (student's), (3) vice principal and (4) nurse when necessary, and (5) student and parent/guardian. Most of the hearings last about 25-35 minutes.

Special Education Programs

Special education nursing services began in the Des Moines School District in 1931 when Smouse Opportunity School began serving students who were physically handicapped. Smouse was one of the first schools in the nation built for this purpose. In 1959, a program for students who were moderately mentally retarded was initiated. When PL 94-142 (Education for All Handicapped Act) was enacted in 1975, programs were expanded to include the severely/profoundly multiply handicapped. In 1974, the Iowa Department of Education Rules for Special Education defined and provided for special education nurses to meet the health needs of those students.

Higher survival rates for low birth weight babies, drug exposed infants, children with severe congenital defects, with chronic illnesses and survivors of severe cerebral/spinal trauma have increased the number of students with long-term special health care needs, including technology dependence. Currently, 3 FTE nurses at Smouse and Ruby Van Meter schools provide health

services for the severe and profound populations. Special education students with diverse health care needs are found in all schools in the district. All school nurses plan and provide for special needs students.

Nurses assess, evaluate, plan and implement individual health care plans for students with special health care needs. Skilled nursing care provided may include gastronomy and nasogastric tube feedings, medicine administration through the tubes, replacement of tubes accidentally displaced, administration of rectal anticonvulsant medication for students experiencing unremitting seizures, administration of routine or emergency aerosol medication for chronic respiratory conditions, performance of postural drainage and percussion, catheterization and bladder installation, etc.

Health services provided to special education pupils are mandated and regulated by federal and state regulations, the Iowa Code and Rules of Special Education. The Iowa Nurse Practice Act defines the nurses' scope of practice. In 1988, the Iowa Board of Nursing provided a position statement defining specific nursing services which may be delegated to non-licensed personnel in schools such as gastrostomy feedings or catheterizations that do not include medications.

A comprehensive health history is mandated by the Iowa Department of Education Rules of Special Education whenever a student is considered for special education services or enrolled in a special education program. The health history must be updated for subsequent placement staffings and for three year evaluations. Health history information includes current vision, hearing and growth screening, plus health information as provided by parent interviews and review of records. This information is utilized to assure appropriate school placement and support services. Nurses participate in the staffings and prepare the health component in the student Individualized Education Plan. They assist in planning modifications of the student's environment, schedule and transportation to meet particular needs. When a student's health condition is unstable, a formal Individualized Health Care Plan is developed.

CHRONIC HEALTH CONDITIONS NUMBER OF STUDENTS October, 1993 Review

Anorexia/Bulimia	14
Arthritis	36
Asthma	1,634
ADD	570
Brain Trauma	46
Cerebral Palsy	112
Cytomegalovirus	2
Diabetes	36
Hearing	292
Heart (Organic)	29
Hepatitis	6
Hypertension	10
Malignancies	28
Medications (Daily)	740
Muscular Dystrophy	11
Orthopedic Impaired	38
Pregnancy	95
Psychiatric disorder	276
Seizure disorder	288
Spina Bifida	10
Substance Abuse	70

Suicidal	30
Tuberculosis	16
Visual	73
Other	193
Total Identified Conditions	4,727

Some Students may exhibit more than one chronic health condition

**CHRONIC HEALTH CONDITIONS
SERVICES WHICH MUST BE PERFORMED DAILY
BY A REGISTERED NURSE**

October, 1993 Review

Catherization	8
Gastrostomy feedings	23
Inhalation therapy	37
Intravenous apparatus	1
Oxygen Administration	1
Ventilator Care	1
Total	71

If contracted, the annual cost to the district would be
\$1,137,420. (71 services at \$89.00 per day for 180 days)

Early Childhood Special Education

The Early Childhood/Special Education program consists of a birth to age 3 component where children are served in home settings and an age 3 to age 6 component where children are served in school-based settings. Nursing responsibilities include conducting health histories and assessments, modifying the school environment to meet individual children's needs, providing and supervising direct health care procedures, serving as liaison to outside medical and community resources, consulting with parents and staff, and serving as a member of the multidisciplinary team.

The Individuals with Disabilities Education Act, Public Law 99-457 mandates the provision of health care to disabled children including from birth to age 3. Goals and objectives in the area of health are a required component of the individual family service plan. In-service about the required components and the philosophy of the public law has been conducted and the implementation of PL 99-457 has been successful. There are 116 district birth to three year old children served by a 0.5 FTE school nurse during the 1993-94 school year.

During the 1989-90 school year, 300 Early Childhood Special Education children were served by one nurse. In the fall of 1990, nursing service to children age 3 to 6 was returned to the local building nurses. This decision was consistent with the special education philosophy of mainstreaming, if possible, to serve disabled children within their neighborhood school. Nursing service to children from birth to age 3 has been maintained within the Early Childhood/Special Education multidisciplinary team.

With the expansion of medical technology that has occurred in the past decade, many children are surviving life threatening conditions. However, these children are now dependent on the

technology for continued survival. This technology requires the expertise of a registered nurse so that the child may be successful in a home or school educational program. As these children continue to enter public schools, staff in-service needs and nurse staffing patterns continue to be a challenge for the district Health Services.

In-Service for School Employees

Nurses provide in-service and supervision for school staff who may perform procedures permitted to be delegated to non-licensed school personnel.

The unique support service school nurses provide for special education students contributes to the teaching and learning process by enabling students who are disabled to reach, enter and exist in the school setting, according to their individual needs.

State and federal regulations require that students be placed in an appropriate and least restrictive environment in the school setting. The Neighborhood Schools Project planned by the DMPS has been implemented for the purpose of returning students to their neighborhood school. When students are returned to neighborhood school, receiving schools are in-serviced about students with special health care needs to meet this challenge.

Substance Abuse Programs

The school nurse provides the medical expertise in buildings for substance abuse prevention and intervention. The nurse is an integral part of the "drug cadre" (a designated substance abuse committee in each school), which provides for education, prevention and intervention techniques. Ongoing awareness is provided for all staff and students through in-service education by school nurses. Students and their families are referred to community agencies, including the Student Assistance Program, which will provide for an evaluation based upon a school nurse's intervention and referral to building administration.

EMPLOYEE HEALTH PROGRAMS

Health Education and Counseling

The school nurse serves as a medical resource for building staff. Ongoing supervision, teaching and guidance is provided for employees in the area of physical health, mental health, dental health, nutrition, weight reduction, exercise, current health issues, emergency care, environmental safety, and smoking cessation classes.

In fall, 1993, a grant was awarded to the DMPS Health Services Department for the provision of Smoking Cessation Program that included the free distribution of transdermal nicotine patches and attendance at four required smoking cessation support classes facilitated by a school nurse. Sixty-two employees have voluntarily participated in this program.

Physical Examinations

The Health Services Department maintains the health records for all employees and monitors compliance of physical examinations and physician release to work documents. The school nurse provides assistance to employees for compliance with pre-employment and three-year physical examinations that includes tuberculosis screening, as required by board policy and Iowa Code. Bus drivers are required to submit an annual physical examination. The Health Services Department provides for all part time bus driver physical examinations each year, which is an average district savings of \$7,000 per year. The school nurse assists the employee with referral to community agencies and interprets health findings and screenings. Direct nursing services for employees include blood pressure screenings (allowing the employee to not be absent from work), vision screening, hearing screenings, and weight reduction. The school nurse provides assistance with staff CPR and first aid training. Provisions are made for emergency care and acute and chronic care follow-up through individual counseling, and referral to the supervisor and medical

director of Health Services. Building administrators receive assistance from the supervisor of Health Services and medical director with complex employee absenteeism problems due to alleged medical conditions.

Wellness Program

The Health Services supervisor assists the Wellness Program director for employee programs. School nurses promote wellness at the local building level through a wide range of activities such as recruitment for annual employee blood screenings, provision of weight reduction incentive programs and exercise consultation. Currently, research indicates preventive maintenance and reduction of the severity and frequency of health problems is the only recognized long-term solution to the managing of health care costs for employers. (Health Care Economics, Feldstein, 1989).

Workers' Compensation Program

The Health Services Department is responsible for reporting to the Iowa Industrial Commissioner's office in compliance with the Occupational Safety and Health Act all employee work related illness and injuries. When an employee sustains a work related illness or injury, a report form is completed by the employee and school nurse and then submitted to the Health Services Department. The Health Services Supervisor reviews the report and a determination is made in accordance with Iowa Code as to the disposition of the report. A First Report of Injury is completed and forwarded to the appropriate receiving center. In 1987, the Des Moines Public Schools chose to become self-insured and designated the Health Services supervisor and medical director to monitor all employee medical expenses due to work-related illnesses or injury, with the exception of those which involve more than three days of time loss. Those claims are forwarded to an insurance carrier for management.

Iowa Statute 85.27 allows an employer to determine a designated medical provider for a work-related injury or illness. In January, 1993, a Health Care Benefits Advisory Committee was established to review rising employee health care benefits as they related to quality, cost and access. The committee determined that Workers' Compensation costs should be reviewed and a plan for cost containment to include quality care be established. A request for proposal for a Managed Care System for work-related injuries/illness was developed and issued. On January 1, 1994, with Board of Directors approval, a Managed Care System was implemented under the direction of the Health Services Department.

The Des Moines Public Schools had 636 claims during 1993. The total cost including time loss and medical expenses was \$1,080,874. for 1992.

Procedures for a work-related injury or illness are as follows:

1. The employee reports the illness/injury to their supervisor and building nurse if available. The Supervisor of Health Services is contacted about serious injuries immediately.
2. The employee is instructed to complete an "Employee Injury Form," and submits it to the Health Services Department, and proceeds to obtain treatment through the designated medical providers in the Managed Care System.
3. The employee must submit a physician's release to return to work to their supervisor. The report is sent to the Health Services Department for review and filed.

CONTEXT SUMMARY

The Health Services program is an integral part of the total school program in the Des Moines Public Schools. The Health Services program provides for direct health services, including

appraisals and preventive and remedial aspects for students and staff. Health education and health promotion is provided through planned, correlated, incidental instruction and integration learning. Safety is provided for through review of the physical environment which contributes to student success in the teaching and learning process.

The Health Services program ensures direct services and ongoing collaboration with community agencies for students, staff and parents to decrease barriers to learning.

Joycelyn Elders, M.D., U.S. Surgeon General states in her many presentations throughout the nation that school health services must be provided for children in schools "where they are." Primary health care, including prevention, diagnosis, maintenance, management of chronic problems and linkage for specialized care, is seen as the role of the school nurse and will become more evident in future health care reform planning.

The Des Moines Public Schools has been committed to the philosophy of "Healthy Students-Ready to Learn" by providing school nurses who collaborate with community agencies through assessment, planning and implementation for students, staff, and parents.

INPUT EVALUATION

Budget and Sources of Revenue

Money to support the Health Services program is derived from the general district budget and Special Education funds, Head Start program funds, and grant monies. Expenditures of the health services general district funds are health-related and provided for all buildings in the district. Building budgets do not allocate funds for health services.

General District Budget 1993-94

Staff	
Medical Director (0.05).....	\$16,052
Supervisor (1.0).....	44,373
Secretary (1.0).....	14,148
33.1 FTE School Nurses.....	1,027,698
Health Associate (1.0).....	10,089

Expenditures

Travel	
In-district.....	2,105
Out-of-district	3,800
Supplies	11,150
Printing	1,150
Equipment (New)	3,100
Replacement	9,094
Repair	410
TOTAL	\$1,143,169

Financial Resources

Local District Funds	\$1,143,169
7.9 (FTE) School nurses	
State/City Funds	279,483
Federal Funds	35,332

Travel

In-district travel monies are reimbursement for nurses to travel between building assignments, district meetings, home visits, transportation for students to their home when needed and to varied community agencies. Out-of-district travel monies afford each nurse the opportunity to pursue a professionally relevant continuing education seminar of choice. The supervisor is allocated monies to attend the annual National School Nurse Association Conference held during the summer.

Supplies

The health supplies are requisitioned by each building nurse to the health services supervisor and obtained from Central Stores. Examples of the supplies are thermometers, Band-Aids, telfa pads, cling gauze, surgical tape, eye patches, tongue blades, surgical soap, ace bandages, cold packs, cot covers, blankets, pillows, pillowcases, alcohol, cotton balls, emergency eye kits, and medical forms for students, staff, and parents.

Printing

Printing funds are used for health-related information and forms distributed to all buildings.

Equipment

State of the art equipment and materials for the provision of health services for students and staff is planned for annually. Student recovery cots are in the process of being purchased to replace outdated oak and canvas cots. Refrigerator replacement continues with the purchase of six per year.

An emergency bag consisting of a stethoscope and syphgmomonometer and other emergency supplies is needed for every school in the district. The immediate accessibility to emergency supplies contained in one bag allows for expedient services to the injured. Students are injured outside buildings, in the physical education area, etc. Most occurrences are not in proximal distance to the nurses office and should receive immediate attention prior to transporting.

Equipment replacement for scales, vision screeners, otoscopes, mannequins for CPR, thermometers, and resource books is limited due to the budget constraints.

Equipment in Use

Good-Lite vision screeners recommended for school aged children are used nearly exclusively throughout the district. Six buildings use the Titmus vision screener, which are 15-20 years old and cannot be repaired due to the availability of parts needed for this older equipment.

Each building has a syphymomonometer (blood pressure equipment used for assessment in nursing diagnosis), stethoscope, otoscope (evaluating the ear), scales for height and weight, a locked medicine cabinet, cots, and refrigerators. The Health Services Department purchases and maintains mannequins for staff and student CPR training.

Human Resources

The staff of the Health Services Department consists of one part-time medical director (2 hours per week), one Full Time Equivalent supervisor, one FTE secretary, one FTE associate, and 41 FTE nurses. Three nurses are funded by state special education monies, one nurse by federal Head Start monies, and 3.9 FTE by state/city monies. The nurse/student ratio ranges from 1:78 at Smouse to 1:2,015 at Lincoln with the average of one nurse to 798 students. National standards recommend 1:750 for a regular school population and weighting of population for nurse/students ratio when disabled students are served.

Qualifications for school nurse practice include a valid state registered nurse license and a minimum of three years experience in hospital nursing with additional experience in community health. A baccalaureate degree from an accredited institution of higher learning is desired. Thirty-nine nurses have baccalaureate or Masters degrees.

In-service/Staff Development

Monthly school nurse in-service is provided free of cost from community agencies

Examples of in-service for the school nurse can be reviewed on page 25 of this document.

Community Resources

Donation of health-related information, in-service posters and pamphlets from community agencies include the following:

- American Lung Association
- American Red Cross
- Family Ecology Center
- Grand View College of Nursing
- Hospice of Iowa
- Iowa Department of Health
- Iowa Lutheran Hospital
- Iowa Methodist Medical Center
- Iowa Society of Prevent Blindness
- Mercy Hospital
- National Council on Alcoholism
- Planned Parenthood
- United Way of Central Iowa
- Young Women's Resource Center

PROCESS EVALUATION

GOALS AND OBJECTIVES

1993-94 district goals related to health services are:

Develop a curriculum and identify resources for basic eighth grade health instruction, including drug and alcohol abuse, sexuality, and HIV/AIDS education for implementation in 1994-95. (National Goal #6)

Strengthen support for the multicultural, non-sexist education plan for students, staff, and parents. (National Goals #2 and #3)

Build upon the district's commitment toward school improvement plans through school Based Management and Shared Decision Making.

Examine health care cost efficiency through the Health Benefits Advisory Committee.

Provide a safe and orderly environment learning/working environment throughout the district.

Improve and coordinate services to students at high risk through varied communication and collaboration between school and agencies.

Goals and Objectives to direct prekindergarten-12 health services program:

1. Students will attend schools with regularity despite chronic health conditions and disabilities.
 - 1.1 One school nurse has been assigned to the alternative high schools to monitor and provide appropriate pregnancy and parenting education for students.
 - 1.2 Designated nursing staff will review research and provide assistance for school nurses who have pregnant and parenting teens in the traditional high schools providing for collaboration with community agencies.
 - 1.3 School nurses will continue to monitor student absenteeism due to health related concerns.
2. Students will receive and possess knowledge and skills for appropriate decision-making in life.
 - 2.1 Increasing emphasis on health promotion will be provided through resource assistance for health education programs including wellness
3. Building administrators and staff will receive ongoing assistance for serving students with complex health care needs.
 - 3.1 An individualized emergency health care plan for each student, requiring special procedures, will be developed for implementation as needed.
 - 3.2 Individualized health care plans will be developed for students with complex health care needs to include an emphasis for student independence.
4. Students will have an increased level of knowledge for healthy lifestyles which promote success in the learning environment.
 - 4.1 Activities involving health promotions will be provided through individual classroom resource teaching and the inclusion of current health issue.
 - 4.2 Collaboration with community agencies will be an ongoing effort.
 - 4.3 School nurses will be actively involved in school attendance policy.

Medical Director

A medical director is employed onsite for two hours each week, 48 weeks per year, and is available daily for phone consultation as needed for administrators, the Supervisor of Health Services and school nurses. Responsibilities include providing leadership for implementation of current health issues under the direction of the Supervisor of Health Services; review of medical payments for district Workers' Compensation; review of medical information for student and employee health programs. Assistance to athletic programs is provided by recruiting volunteer team physicians. These physicians provide consultation and direction for coaches during an athletic event in the event of an apparent injury.

1993-94 Supervisor Objectives

WEIGHT (%)

- 60% 1. Provide leadership and supervision for school nurses, district health services and health education.
 - a. Monitor district compliance with federal and state laws relating to health and child abuse which includes staff and students.
 - b. Provide Mandatory Reporter Child Abuse in-service for district employees.
 - c. Review and report district Workers' Compensation claims. Prepare annual OSHA Reports.
 - d. Facilitate staff education for health related instruction for students.
 - e. Provide for school nurse job performance evaluations in accordance with the Iowa Board of Nursing Nurse Practice Act which includes theory and technical competencies.
 - f. Provide for collaborative community efforts by serving on district and community committees.
 - g. Coordinate the district policy for Occupational Exposure to Bloodborne Pathogens.
- 20% 2. Provide support to emerging projects.
 - a. Assist staff for transitioning and integrating students with moderate and severe disabilities.
 - b. Assist the SUCCESS program with special health care projects for students and families.
 - c. Computer Technology for Student Health Record/Immunizations
 - d. Revise "hard copy" student health record forms.
 - e. Work with the Health Care Benefits Advisory Committee to facilitate cost effective measures.
- 20% 3. Facilitate completion of special projects.
 - a. Revise the district Health Service Policy and Procedure Manual.
 - b. Move toward a district organized Health Care Delivery System for work-related injury and illness.
 - c. Provide for a review of HIV/AIDS education curriculum.
 - d. Review a revised school health record to be implemented for the 1994-95 school year.

Boards and Committees

The Supervisor of Health Services serves on the boards and committees of the following community agencies and district committees:

District

- Students At Risk Committee
- District Drug Free Schools and Community Advisory Committee
- Health Education Committee
- Health Benefit Advisory Committee

Community and State

- Greater Des Moines Child Abuse and Neglect Council - Education Training Committee
- Iowa Department of Human Services - Mandatory Reporter Child Abuse Training Committee, Major Case Review
- Iowa School Nurse Organization - Legislative Chairperson
- Grand View College of Nursing - Advisory Board
- House of Mercy - Advisory Board
- American Cancer Society - Advisory Board
- Polk County Medical Society - School Health Committee
- Iowa School Health Task Force
- Governor's Adolescent Health Task Force
- American Red Cross - AIDS Education Committee
- Children At Risk Planning Council
- Sigma Theta Tau - Health Research Committee

The purpose for serving on community and state committees is to increase collaboration and enhance current district programming for implementation or update.

Management Systems

A weekly communicable disease report is submitted to Health Services by school nurses. Each school nurse maintains a daily log of all activities which is compiled in an annual district health services report. An in-depth evaluation by the supervisor of Health Services of building health services and safety is conducted every three years on a rotating schedule. Student and employee accident reports are submitted to Health Services for processing within 48 hours of occurrence. Collaboration with the Iowa Department of Health is implemented for disease control.

In-service/Staff Development

School nurses receive a three-hour in-service during staff conference time allocated at the beginning of the school year and a monthly one-and-a-half-hour meeting.

All School nurses are provided in-service through collaboration with community agencies. During the 1992-93 school year, guest speakers provided information about:

- Adoption as an Option
- Truancy
- Drug and Alcohol Dependency
- Mental Health/Illness
- Homosexuality
- Tuberculosis
- Herpes Virus
- Nutrition
- Asthma/Allergies
- Attention Deficit Hyperactive Disorder

Immunization Data and Computers
Occupational Exposure to Bloodborne Pathogens
Stereotactic Mammography

The Health Services supervisor provides information about professionals who are knowledgeable about current health-related issues for all employees to the planning committee for the Professional Educators Conference held in March each school year.

Topics presented were:

Attention Deficit - Hyperactivity Disorder - "Medication Issues"
Back Pain - Back Biomechanics
Low Back Pain
Managing a Crisis in Schools
Neck - Vertebrae
Alateen and Al-Alnon - 12-step program
Carpal Tunnel Syndrome
AIDS - Living with HIV/AIDS
"Love your Feet"
Prevention and Testing for Back Injuries
Menopause
Managed Care Systems

Staff Development evaluation indicated Wellness and health-related issues were attended by more staff than other offerings and requested for future in-service programs.

PRODUCT EVALUATION

All school nurses in accordance with professional nurse practice document in a "daily log" individual student, parent, staff, and community contacts. An annual report is submitted to the Supervisor of Health Services.

1992-93 ANNUAL REPORT

Student Contacts for Health Services	191,818
• First Aid, illness, accidents	
• Cot Rest	
• Exclusion (Physical Education or Appointments)	

Student Contacts for Counseling	77,247
• Substance abuse	
• Family Dysfunction	
• Suicide	
• Child abuse	
• Sexual Exploitation	
• Pregnancy Prevention	
• School phobia	

Parent Contacts (telephone, letter, home visits, conferences)	91,499
• Ad infinitum	
• Communicable disease	
• Screening results	
• Emergency for illness/accidents	

Employee Contacts	8,504
• Physical Examinations	
• Health Consultations	
• Accident/illness	

Screenings and Referrals to Community Resources

	<u># Screened</u>	<u># Referrals</u>
Scoliosis	3,496	103
Hearing	20,980	1,068
Communicable Disease	26,836	1,725
Vision	20,179	1,246
Height/Weight	23,271	295
Dental	10,400	3,494

Student and Employee Accident Reports	2,902
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Immunization Compliance and Referrals	9,247
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Communicable Disease Reports	7,586
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Number of Occasional Medications Distributed	28,233
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Daily Medications Distributed Annually	740
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School Nurse Involvement Annual	
• Classroom observations	864
• Classroom health education	3,170

• Conferences with school personnel, physicians, and community agencies	19,955
• Participation in Special Education Staffings	1,496
• Building environmental safety referrals	627

Immunization Compliance - Iowa Code (641)

A valid Iowa Department of Health certificate of immunization for a student must be submitted to the admitting official of a school prior to attending. To be valid the certificate must be signed by a doctor, physician assistant, a registered nurse, or an official of the local health department. School nurses monitor the immunization status of students and provide access for an annual Iowa Department of Health audit. The Des Moines Public Schools has maintained compliance since the implementation of the 1977-78 law as reflected in audit reports.

The Council of Chief State School Officers that provides leadership on major educational issues by seeking members consensus and expressing their views to state and federal agencies, the Congress and general public states in their 1991 annual report that the relationship between health and learning is as follows:

A healthy child is a teachable child. A student who is hungry, in physical or emotional pain, or impaired by drugs or alcohol cannot benefit fully from schooling. A child or adolescent who is frequently sick is also one who is repeatedly absent, setting the stage for poor school performance and school dropout. In the larger context, schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.

The following examples illustrate the close relationship between health and learning.

- Most instruction in schools relies on sight and sound. Students with untreated vision and hearing problems may perform poorly because they cannot read the blackboard or hear the teacher.
- Malnourished children are less physically active, less attentive, and less curious than those who are well nourished. Even mild iron deficiency anemia, a common problem among children, can lead to shortened attention spans, irritability, fatigue, and decreased ability to concentrate. These children may perform poorly on tests of vocabulary, reading, mathematics, problem solving, and motor skills. (National Education Association, 1989)
- More than 40 percent of all girls who drop out of school give pregnancy or marriage as their reason. (Peng, 1983) Teenage mothers are at great risk of having low-birthweight babies with disabilities that will require special education services when they enter school. (Children's Defense Fund, 1985)
- Child Abuse, child neglect, or family problems (such as divorce or violent parental arguments) can sabotage learning. Children from these situations may be overly aggressive and disruptive or, at the other extreme, withdrawn and depressed. (U.S. Department of Health and Human Services, 1984; Kolbe, 1985)
- Abuse of tobacco, alcohol, and drugs can stifle creativity, thwart imagination, and suppress ambition. High school seniors who use drugs are more than three times likely to skip school than those who do not use drugs. (U.S. Department of Education, 1987) Use of alcohol is linked to unintentional injuries (such as burns, falls, or motor vehicle

accidents) as well as poor judgment. Even a few drinks deprive cells of needed oxygen. (National Institute on Drug Abuse, 1980)

•Children and youth who get regular exercise have better concentration-and consequently better mathematical, reading and writing scores-than those who do not exercise regularly. Physical activity also reduces disruptive classroom behavior and susceptibility to stress. (Kolbe, 1985)

FUTURE PLANNING

Staff Development

Continued staff development for management of students with chronic health conditions and disabilities is necessary. With the ongoing advancements in medical technology and prolonged life, a current update for nurses is needed. An emphasis on health promotion to avoid the high-risk behaviors of sexual promiscuity, substance abuse, and poor nutrition and exercise must be a priority. Information will be presented on cultural and ethnic differences of students and the impact of these differences on health care. Collaboration with community and state resources will allow in-service at no direct cost.

Existing Staff - Allocation of Additional Work Time

A five day increase for school nurse contract time before school starts would allow for planning and preparation for students. Currently the nurse has no planning time scheduled. With the increased time allotment, the nurse could devote more quality time one to one, small group and classroom health education and assistance to parents for immunization compliance.

Cost (Based upon 1993-94 salaries including benefits)	
1 Nurse's Salary (average) =	\$180/day
33.1 Nurses' Salaries =	\$5,958
5 days x \$5,958=	
total cost for 5 extra days of work	
for each nurse per year=	\$29,790

Increase Staff

School nurses maintain the professional expertise for direct health services and counseling. An increase of school nursing staff providing one nurse a single building assignment for each building in the district should be considered.

An estimated cost to provide F.T.E. nurses in all middle schools is as follows:

F.T.E. nurses without supplemental grant monies - 4.0

Salary	Benefits
26,000 + 6,500 = 32,500	x 4.0 = \$130,000

F.T.E. nurses with current grant monies - 3.6

Salary	Benefits
26,000 + 6,500 = 32,500	x 3.6 = \$117,000

An estimated cost to provide F.T.E. nurses in all elementary schools is as follows:

F.T.E. nurses without supplemental grant monies - 21.6

Salary	Benefits
26,000 + 6,500 = 32,500	x 21.6 = \$702,000

F.T.E. nurses needed with current grant monies - 18.6

Salary	Benefits	
26,000	+ 6,500	= 32,500 x 18.6 = \$604,500

From the school nurse

Becoming a nurse who is responsible to one building has been a very exciting experience for me. The personal satisfaction that I have experienced caring for 400 children and their families on all levels of health care is an opportunity that all school nurses deserve to have. The continuity of care, the realization of who that child and their family is and the follow through that is only there is you are a full-time in one building adds to the personal satisfaction that I feel. It has been wonderful getting to know that staff on a more complete basis and to know that they respect you for your service to the children in their class. I know that working with children in an educational setting has allowed me to grow in several areas.

Some accomplishments that I have noticed include:

1. *Better nutrition for children*
2. *Improved attendance*
3. *Improved parent relations*
4. *Enhanced medical care provided at school and in the home*
5. *Improved utilization of community resources among the families*

I am grateful to have this experience in my career and am looking forward to having other nurses experience the same personal satisfaction.

I am pleased to have the opportunity to write in support of having more full time nurses in elementary buildings.

Through a state sponsored at risk grant I have the opportunity to work in a full time capacity as Longfellow Elementary's school nurse.

The rationale behind having a nurse on a full time basis was a belief that before children would learn, their fundamental needs for food, shelter, security and physical/emotional well-being must be met. We have found that such a full time relationship between the nurse and the school community has improved follow-up communication with parents and staff; enhanced the continuity of care and helped to establish an onsite health care resource to parents, students, and staff.

To illustrate the impact of such an intervention, comparative statistics were kept of compliance with requests for follow-up of identified student health needs between the 1992-92 and 1992-93 school year. The benefit of a full time nurse was a determining factor in the 20.4% overall increase in compliance with such requests. Specifically, an increase of 55.1% in compliance in requests for child physicals was noted along with a 47.5% increase in vision referral compliance, a 5.6% increased compliance in referral addressing emotional concerns.

Additionally having a single building focus has allowed me the time and opportunity to devise preventative programs which address building and playground safety concerns. I have played a leadership role in coordinating several health and community fairs. Additionally I have had more of an opportunity to serve as a classroom resource in teaching health related material and have implemented several onsite wellness and educational programs for parents and staff.

1993-94 Staff Allocations

Senior High School

1. Central Campus	1.
2. East	1.
3. Hoover	1.
4. Lincoln	1.
5. North	1.
6. Roosevelt	1.
7. Ruby Van Meter	1.**
8. Dsm Alt. North	.5
9. Dsm Alt. South	.4

Middle Schools

	Current	Need
10. Brody	.6	.4
11. Callanan	.6	.4
12. Goodrell	.6	.4
13. Harding	1.0*	(.4)
14. Hiatt	.6	.4
15. Hoyt	.6	.4
16. McCombs	.6	.4
17. Meredith	.6	.4
18. Merrill	.6	.4
19. Orchard Place	.05	
20. Pace	.05	
21. Weeks	.6	.4

Elementary Schools

	Current	Need
22. Adams	.4	.6
23. Brooks	.5	.5
24. Cattell	.4	.6
25. Cowles	1.0**	(.5)
26. ECSE		
27. Childcare		
28. Pre-school		
29. Focus		
30. Downtown School		
31. Douglas	.7	.3
32. Edmunds	.4	.6
33. Findley	1.0*	(.6)
34. Garton	.8**	.2
35. Granger	.6	.4
36. Greenwood	.5	.5
37. Hanawalt	.4	.6
38. Hillis	.5	.5
39. Howe	.4	.6
40. Hubbell	.5	.5
41. Jackson	.6	.4
42. Jefferson	.4	.6
43. King	.5	.5
44. Longfellow	1.0*	(.6)
45. Lovejoy	.4	.6
46. Lucas	1.0*	(.5)
47. Madison	.5	.5
48. Mann	.3	.7
49. McKee	.4	.6
50. McKinley	1.0*	(.8)
51. Mitchell	.4	.6
52. Monroe	.5	.5
53. Moore	.45	.55
54. Moulton	1.0*	(.5)
55. Oak Park	.5	.5
56. Park Avenue	.7	.3
57. Perkins	.5	.5
58. Phillips	.6**	.4
59. Pleasant Hill	.3	.7
60. Rice	.5	.5
61. Samuelson	1.1**	
62. Smouse	1.0**	
63. ECSE	.5**	
64. Stowe	.5	.5
65. Studebaker	.4	.6
66. Wallace	.4	.6
67. Watrous	.6**	.4
68. Willard	.5	.5
69. Windsor	.5	.5
70. Woodlawn	.45	.55
71. Wright	.4	.6

*Grant Monies

**Special Education, Pre-School Programs, Headstart Funds

Most school nurses are assigned to two or more buildings. As the students with special health care needs continue to move to their neighborhood schools, the nurse-student ratios will need to be lower in schools. Full-time equivalent building nurses will be necessary to provide skilled nursing care. All school nurses will need in-service about innovative specialized health care procedures, care of technology-dependent students and needs unique to various disabilities.

Nurses' offices will need appropriate space and physical facilities to provide skilled nursing procedures in a private, appropriately ventilated, sanitary and safe environment.

A "floating" health clerk assigned to work directly with each individual building nurse for three days per year would assist with the clerical work required by school nurses. The cost would be approximately \$12,000. Inactive or retired nurses are no longer available to volunteer. It is not permissible to use parent volunteers due to the confidentiality of school health records.

The District Health Services Policies and Procedures Manual will be revised during the 1994-95 school year.

Long Range Goal - Computerized Health Records

The Des Moines Public Schools should develop a plan in cooperation with the Supervisor of Health Services to computerize all students' health records. Ongoing budgetary constraints do not allow for computer hardware and software in each school nurse's office.

Equipment Needs for School Nurse's Office in Buildings

Refrigerators	\$3,800
Electronic Thermometer - 65 @ \$150 each	\$9,750
Vision Screeners - 40 @ \$780 each	\$31,200
Student Recovery Cots - 125 @ \$285 each	\$35,625
Health Education Materials - 100 @ \$50 each	\$5,000
Computer Hardware/Software 60 @ \$2500.00 each	\$150,000
Total	\$235,375

School nurses are a significant force in influencing the health of children in the Des Moines Public Schools. Nurses are responsive to the changing needs of the Des Moines Public School population with new concepts and technology. Healthy students learn better.

The vision screening equipment in this district is approximately 35 years old. An effort to update this equipment has been a slow process due to budgetary constraints by allocating the purchase of one piece of equipment per budget year since 1986. Ice is used in the emergency first response for over 60 percent of the student and employee injuries sustained in the district. A refrigerator that provides an adequate ice supply should be available in each nurse's office. Some nurses have to fill ice chests from the cafeteria to maintain a supply for daily needs.

To provide for the efficient use of time and infection control for students and staff, electronic thermometers should be provided for each building. The district currently uses glass/mercury or digital thermometers.

First aid treatment for injury or illness may require provisions for a student or employee to lie down in a resting position. The rest cots in the district are collapsible canvas and wood construction. The cots are in need of constant repair due to the canvas tearing or the wood breaking. The canvas is not washable; therefore, cot covers and pillows and cases are purchased.

An updated vinyl student recovery cot is planned for each nurse's office in the district. Eventually the cost of purchasing and laundering accessory items will be eliminated.

Current health education resource materials should be available for each nurse. Male and female anatomical models, health charts (i.e., nutrition, physiology, etc.) and other teaching aids (i.e., videos) should be accessible.

Currently student immunization data is available by computer district wide. A long-range goal should be planned to provide for computerized health records, accessible district wide including the individual immunization status of each student. Students change schools throughout the school year and through promotion by grade level. The health records are sent through the "bag mail." The health records are frequently lost, misplaced by the receiving school, or it may take up to two weeks for them to arrive at the student's current school of attendance. Health records which would be accessible for all school nurses would assist the nurse to be knowledgeable about students' special health care needs immediately. Professional nurse time would not be used to search for records or develop new records because they were not available. The benefits of computerization of student health records and the availability of clerical support, computer hardware and software should be considered for each nurse's office.

Allocation of Space

Due to the increase in programs for students with special needs, support staff throughout the district such as counselors, speech pathologists, psychologists, physical therapists, occupational therapists, social workers and consultants has increased. Most buildings do not have adequate space to provide a private, confidential working area for this staff. School nurse offices have diminished in size and are shared with other support personnel. Inadequate ventilation and lack of handicap accessible bathrooms for students is a concern. A plan for improvement of the school nurse's office is included and available through the Vision 2005 Program.

Staff

A recognition for allocation of adequate funds for professional nursing staff is necessary. Increasing legislation requires schools to provide health services and health education for all students in their regular school setting, including those students with severe disabilities and health conditions. Students of this type are no longer clustered in one school with a full time nurse. Ongoing resolutions by the National Education Association and the Iowa State Education Association discuss concerns about teachers and non-licensed personnel performing health-related tasks for students. With the expansion of medical technology and prolonged life, consideration should be given to providing a full time nurse for each building in the district. Allocation for additional discretionary staff time (5 days) beyond the contract year should be provided to assist building principals and allow for adequate record keeping of students in transition and new students to the district. A survey of staff, students, and parents designed to evaluate effective student services indicated an overwhelming response for F.T.E. school nurses in each elementary, middle and high schools in the DMPS. (Appendix G).

I greatly appreciate
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